

**TOWN OF WEST BOYLSTON**

**MUNICIPAL BUILDINGS (MAINTENANCE) FUND REQUEST FORM**

Department: \_\_\_\_\_

Original Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Revised Date (if any): \_\_\_\_\_

Name of Building Needing Work: \_\_\_\_\_

Please expedite (< 3 mo.)...Reason: \_\_\_\_\_

Desired Project Start Date: \_\_\_\_\_

Re-submission Times previously submitted: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

**Item Requested: (attach quotes or other formal estimates)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Funding Plan**

\$ _____	Total Project Cost
-\$ _____	From Department Operating Budget
-\$ _____	From External Grant or Donor
-\$ _____	Sub-total
\$ _____	Requested from Municipal Buildings Fund

**Justification (and Project Assumptions):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have more than one maintenance item/project, please submit a separate form for each one.

**Approvals Section**

(for committee use only)

Approved       Rejected

Reason rejected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  Chair       Vice-chair

**Use following section only if invoiced amount exceeds amount approved.**

Invoiced amount: \_\_\_\_\_ Amount to be paid: \_\_\_\_\_

Signature: \_\_\_\_\_  Chair       Vice-chair